



Vancouver Island North
 PO Box 90, 6975 Rupert Street
 Port Hardy, BC V0N 2P0
 Phone: 250-949-6618 Fax: 250-949-8792
 (www.sd85.bc.ca)

RELEASE OF CONFIDENTIAL INFORMATION

Current Principal (Name): _____

Current School Name: _____

Address: _____

As parent(s)/guardians(s) of:

Student's Name: _____ PEN: _____

Date of Birth: _____
year month day

I (We) hereby authorize School District No. 85 (Vancouver Island North) to release the following information concerning my above named child:

- Complete Red File
- Medical Information
- Other: _____
- Psych Ed Assessment
- IEP (Individual Education Plan)

To the following person(s), school district, or agency:

Name: _____

Address: _____

Parent/Legal Guardian Name (**Print**) _____

Signature: _____ **Date:** _____

This release is effective for one year from the date of signature.